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Psychological Therapies for Psychosis in 2015- a view from the hills

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Cognitive behavioural therapy and family interventions for psychosis (CBTp and FIp) are two of the therapies that show the most convincing evidence of changing meaningful outcomes for those with psychosis and their informal carers. 2015 saw several interesting publications describing applications of these therapies in a variety of contexts.

It is becoming clearer that the non-affective psychoses are in fact full of affect, which increases the risk and maintenance of episodes through driving individual positive psychosis symptoms. Therefore attempting to treat affect and its associated symptoms directly is both logical and much valued by service users. The Worry Intervention Trial¹ showed that a six session, manualised treatment for worry was able to improve well-being, paranoia and overall level of psychiatric symptoms in those with psychosis, and was well accepted. A pilot trial of those with psychosis and insomnia showed large improvements in insomnia (effect size: 1.9)², and there are promising approaches specifically targeting nightmares³. Another study demonstrated that exposure-based treatments for post-traumatic stress disorder (PTSD) were both safe and efficacious in people diagnosed with psychotic disorder⁴. People with psychosis have traditionally been excluded from trials of psychological therapies for PTSD and other emotional disorders, so finding ways to offer effective treatments despite persistent and distressing positive symptoms of psychosis, is an important development.

A further target has been reasoning biases associated with psychosis, based on reports of the positive effects of metacognitive training⁵. A proof- of-principle trial of a brief computerised intervention for those with persistent delusions showed improvements in paranoia and reasoning, moderated by negative symptoms and poor working memory⁶. This 'Thinking Well' approach is feasible⁷ and the intervention is being developed as an interactive app.

In the clinic, impressive improvements were found on a range of meaningful outcomes for consecutive referrals attending a psychological therapies clinic over a 12 year period, all of which were maintained one year later⁸. An ongoing UK initiative (Improving Access to Psychological Therapies-Severe Mental Illness) has funded pilot sites to increase capacity to offer such interventions, with excellent preliminary outcomes⁹.

The FIp evidence base and our understanding of its long-term impact on patient and carer outcomes was extended by 14 year follow-up data from a FIp cluster RCT in China which demonstrated better treatment adherence outcomes for those who received FIp¹⁰.

Poor accessibility and limited provision of FIp have driven interest in new approaches - greater flexibility in the timings, settings and format of how families acquire information and relevant skills - those that are self-directed and suitable for larger scale dissemination, and those focussed on carers themselves. Interventions led by trained family members are also showing promise, such as the positive impact of peer support on family coping styles and illness understanding, sustained at six month follow up¹¹. Data from an RCT of a 5 week problem-solving bibliotherapy intervention, designed to be completed independently and sampled with first-episode psychosis carers, confirmed significant improvements at end of therapy and follow-up in carer skills¹².

Finally, digital innovations in the treatment of mental health problems are increasing with notable applications for addressing family issues. In October 2015, King's College London launched the first massive open online course (MOOC) on caring issues for people with psychosis and schizophrenia (<https://www.futurelearn.com/courses/caring-psychosis-schizophrenia>), with a focus on real-time interaction and on reducing carer isolation. The two week course attracted over 16,300 learners from 101 countries, spanning six continents. The next step is to determine the impact of these approaches on family reported outcomes.

Taking service users' problems at face value and demonstrating that people with psychosis, and their carers, can and should be offered the full range of treatments for their distress, is part of the continuing revolution in our understanding of how to improve outcomes for the wide range of difficulties people with psychosis can face.

References

1. Freeman D, Dunn G, Startup H, Pugh K, Cordwell J, Mander H, et al. Effects of cognitive behaviour therapy for worry on persecutory delusions in patients with psychosis (WIT): a parallel, single-blind, randomised controlled trial with a mediation analysis. *Lancet Psychiat*. 2015.
2. Freeman D, Waite F, Startup H, Myers E, Lister R, McInerney J, et al. Efficacy of cognitive behavioural therapy for sleep improvement in patients with persistent delusions and hallucinations (BEST): a prospective, assessor-blind, randomised controlled pilot trial. *Lancet Psychiat*. 2015a; 2(11): 975-83.
3. Sheaves B, Onwumere J, Keen N, Kuipers E. Treating your worst nightmare: a case series of imagery rehearsal therapy for nightmares in individuals experiencing psychotic symptoms. *The Cognitive Behaviour Therapist*. 2015b 8.
4. van den Berg DP, de Bont PA, van der Vleugel BM, de Roos C, de Jongh A, Van Minnen A, et al. Prolonged Exposure vs Eye Movement Desensitization and Reprocessing vs Waiting List for Posttraumatic Stress Disorder in Patients With a Psychotic Disorder: A Randomized Clinical Trial. *JAMA psychiatry*. 2015; 72(3): 259-67.
5. Moritz S, Andreou C, Schneider BC, Wittekind CE, Menon M, Balzan RP, et al. Sowing the seeds of doubt: a narrative review on metacognitive training in schizophrenia. *Clin Psychol Rev*. 2014; 34(4): 358-66.
6. Garety P, Waller H, Emsley R, Jolley S, Kuipers E, Bebbington P, et al. Cognitive mechanisms of change in delusions: an experimental investigation targeting reasoning to effect change in paranoia. *Schizophr Bull*. 2015; 41(2): 400-10.

7. Waller H, Emsley R, Freeman D, Bebbington P, Dunn G, Fowler D, et al. Thinking Well: A randomised controlled feasibility study of a new CBT therapy targeting reasoning biases in people with distressing persecutory delusional beliefs. *J Behav Ther Exp Psy*. 2015; 48: 82-9.
8. Peters E, Crombie T, Agbedjro D, Johns LC, Stahl D, Greenwood K, et al. The long-term effectiveness of cognitive behavior therapy for psychosis within a routine psychological therapies service. *Front Psychol*. 2015; 6: 1658.
9. Jolley S, Garety P, Peters E, Fornells-Ambrojo M, Onwumere J, Harris V, et al. Opportunities and challenges in Improving Access to Psychological Therapies for people with Severe Mental Illness (IAPT-SMI): Evaluating the first operational year of the South London and Maudsley (SLaM) demonstration site for psychosis. *Behav Res Ther*. 2015; 64: 24-30.
10. Ran MS, Chan CLW, Ng SM, Guo LT, Xiang MZ. The effectiveness of psychoeducational family intervention for patients with schizophrenia in a 14-year follow-up study in a Chinese rural area. *Psychol Med*. 2015; 45(10): 2197-204.
11. Duckworth K, Halpern L. Peer support and peer-led family support for persons living with schizophrenia. *Curr Opin Psychiatr*. 2014; 27(3): 216-21.
12. McCann TV, Cotton SM, Lubman DI. Social problem solving in carers of young people with a first episode of psychosis: a randomized controlled trial. *Early Interv Psychiatry*. 2015.